

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Yuma
 District of Rice
 Town of "
 or
 City of "

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 163
 County Registrar No. _____
 Local Registrar No. _____

No. _____ St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child John Fish
 (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 6. Legitimate? yes 7. Date of birth 11-12-25
 Month Day Year

8. FATHER
 Full name Roger Fish
 9. Residence (Usual place of abode) Rice
 If non-resident, give place and state. _____
 10. Color or race 4/4 Indian
 11. Age at last birthday 32 (Years)
 12. Birthplace (city or place) Rice
 (State or country) Ariz
 13. Occupation Farmer
 Nature of Industry _____

14. MOTHER
 Full maiden name Lena Bendler
 15. Residence (Usual place of abode) Rice
 If non-resident, give place and state. Ariz
 16. Color or race 4/4 Indian
 17. Age at last birthday 26 (Years)
 18. Birthplace (city or place) Rice
 (State or country) Ariz
 19. Occupation Housewife
 Nature of Industry _____

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? No

Report CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 I hereby certify that I attended the birth of this child, who was born alive at _____ m. on the date above stated
 (Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
 Signature E. H. Sawyer, M.D.
 Address San Carlos, Ariz
 (Physician or midwife.)

Given name added from a supplemental report _____ Filed _____ 19____
 Month, day, year _____ Local Registrar.

Registral _____ Filed _____ 19____ County Registrar.

166-1112-275